## Case 17-10647-CMG Doc 25 Filed 07/17/17 Entered 07/17/17 11:46:58 Desc Main Document Page 1 of 7

Fill in this infor	rmation to identify your	case:		
Debtor 1	Joseph M. Cintro			
Debtor 2	First Name  Tracy B. Cintron	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	17-10647			_
(II KIIOWII)				■ Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
	ve read the summary and schedules filed with this declaration and
that they are true and correct.	
that they are true and correct.  X /s/ Joseph M. Cintron	X /s/ Tracy B. Cintron
that they are true and correct.	

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Fill in this information to identify your case:								
Debtor 1	Joseph M. Cintro	n						
	First Name	Middle Name	Last Name					
Debtor 2	Tracy B. Cintron							
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY						
Case number	17-10647							
(if known)								

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	es complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendor original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	117,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	11,190.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	128,190.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	98,419.28
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	46,068.00
	Your total liabilities	\$	144,487.28
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,307.61
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,166.75
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and su	ubmit this form to

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Debtor 1 Joseph M. Cintron
Debtor 2 Tracy B. Cintron

Case number (if known) 17-10647

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

Ocopy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	ıl claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill in this informatio	n to identify your case:	
Debtor 1	Joseph M. Cintron	
Debtor 2 (Spouse, if filing)	Tracy B. Cintron	
United States Bankr	ruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number	17-10647	Check if this is:
(II KIIOWII)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>m 106l</u>	MM / DD/ YYYY

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment					
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse	
	If you have more than one job,	Employment status	■ Em	ployed	■ Employed	
	attach a separate page with information about additional	Employment status	□ No	t employed	☐ Not employed	
	employers.	Occupation	Field	Service Tech	Server	
	Include part-time, seasonal, or self-employed work.	Employer's name	Cumi	min-Allison Corp	Cracker Barrel	
	Occupation may include student or homemaker, if it applies.	Employer's address		eehanville Drive ht Prospect, IL 60056	1240 Route 73 Mount Laurel, NJ 08054	
		How long employed the	nere?	1.5 years	1 year	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,237.14 \$ 1,238.53

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3,237.14 \$ 1,238.53

Official Form 106I Schedule I: Your Income page 1

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Debt Debt		Joseph M. Cintron Tracy B. Cintron			Case	number (if known)	1	7-10647
			-					
					For	Debtor 1		For Debtor 2 or
	Cop	y line 4 here	4.		\$	3,237.14	_	non-filing spouse \$ 1,238.53
E		*			· –	0,201114		1,200.00
5.		all payroll deductions:			Φ.		,	
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ \$	410.61		\$176.74 \$0.00
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b		\$ _	0.00		
	5d.	Required repayments of retirement fund loans	5d 5d		\$ _	0.00		·
	5u. 5e.	Insurance	5e		\$ _	0.00 484.57		\$
	5f.	Domestic support obligations	5f.		\$ -	0.00		\$ 0.00 \$
	5g.	Union dues	5g		\$ -	0.00		\$ 0.00 \$
	5h.	Other deductions. Specify: auto insurance	-	,. 1.+	<b>\$</b> -	80.63		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		* *	975.81		\$ 176.74
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,261.33	5	\$ 1,061.79
8.	l ist	all other income regularly received:				· ·		
0.	8a.	Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	499.49	,	\$ 0.00
	8b.	Interest and dividends	8b		\$ _	0.00		\$ 0.00 \$
	8c.	Family support payments that you, a non-filing spouse, or a dependent		,.	Ψ_	0.00	•	0.00
	00.	regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	80		\$_	0.00		\$
	8d.	Unemployment compensation	80		\$_	0.00		\$0.00_
	8e.	Social Security	8e	<del>)</del> .	\$_	0.00	5	\$
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	:					
		Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.		\$	0.00	9	\$ 0.00
	8g.	Pension or retirement income	 8g	J.	\$	0.00	9	\$ 0.00
	8h.	Other monthly income. Specify: pro-rated tax refund	8h	1.+	\$	185.00	+ 3	\$ 0.00
		·		Г			г	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	-	\$	684.49	1	\$
			Г	_				
10.		•	10.	\$_		2,945.82 + \$		1,061.79 = \$ 4,007.61
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L					
11.	Incluothe	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your r friends or relatives.	depe			. •		
	_	not include any amounts already included in lines 2-10 or amounts that are not a cify: <b>contribution from son</b>	avail	abl	e to p	oay expenses lis	ted	in <i>Schedule J.</i> 11. +\$ <b>300.00</b>
12.		the amount in the last column of line 10 to the amount in line 11. The res						
		e that amount on the Summary of Schedules and Statistical Summary of Certai	in Lia	abili	ties a	and Related <i>Data</i>	a, if	it 12. \$ <b>4,307.61</b>
	appl	les						12.   \$
								Combined
10	D	the second on increase or decrease within the second flowers file this former	2					monthly income
13.	ר סח	ou expect an increase or decrease within the year after you file this form	•					
		No.						
		Yes. Explain:						

	in this informe	tion to identify	our esse					
FIII	in this informa	ition to identify yo	our case:					
Deb	tor 1	Joseph M. C	intron			Che	eck if this is:	
							An amended filing	
	tor 2 ouse, if filing)	Tracy B. Cin	tron				A supplement shown 13 expenses as of	wing postpetition chapter the following date:
(Spc	ouse, ii iiiirig)						To expended as of	the following date.
Unit	ed States Bank	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
	e number 17	7-10647						
$\Box$	fficial Fo	orm 106J						
		J: Your		<b>ISES</b> . If two married people ar	e filing together he	oth are equ	ially responsible fo	12/15
info	rmation. If m		eded, atta	ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a join							
	☐ No. Go to							
	■ Yes. <b>Doe</b>	es Debtor 2 live	in a separ	ate household?				
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Del	otor 2.	
2.	Do you hay	e dependents?	□ No					
۷.	•	•						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	_							□ No
	Do not state dependents				Son		29y	■ Yes
	асренаеть	namos.						■ Tes
								☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
3.	, ,	penses include	<b>.</b>	No				
	•	f people other t d your depende		Yes				
Dan	. Cation							
exp	imate your ex	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
Incl	luda avnansa	s paid for with	non-cash	government assistance i	f you know			
the		h assistance an		cluded it on Schedule I: \			Your exp	enses
		-						
4.		or home owners and any rent for th		ses for your residence. I r lot.	nclude first mortgage	4.	\$	1,029.75
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.	·	0.00
	•	•		ıpkeep expenses		4c.	·	50.00
		owner's associat	•			4d.	\$	0.00
5.	Additional i	mortgage paymo	ents for yo	our residence, such as ho	me equity loans	5.	\$	420.00

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		Joseph I Tracy B.	M. Cintron Cintron	Case num	nber (if known)	17-10647
6.	Utilitie	es:				
			heat, natural gas	6a.	\$	250.00
	6b. \	Water, sev	ver, garbage collection	6b.	\$	80.00
	6c	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
	6d. (	Other. Spe	ecify:	6d.	\$	0.00
7.			ekeeping supplies	7.	\$	350.00
8.			hildren's education costs	8.	\$	0.00
9.	Clothi	ng, laundi	ry, and dry cleaning	9.	\$	50.00
10.	Persor	nal care p	roducts and services	10.	\$	100.00
11.	Medica	al and der	ntal expenses	11.	\$	90.00
12.	Transp	portation.	Include gas, maintenance, bus or train fare.			
	Do not	include ca	ar payments.	12.	·	175.00
13.	Enterta	ainment, o	clubs, recreation, newspapers, magazines, and books	13.		146.00
14.	Charita	able conti	ributions and religious donations	14.	\$	0.00
15.	Insura					
			surance deducted from your pay or included in lines 4 or 20.	4-	•	
		Life insura		15a.		101.00
		Health ins		15b.	·	0.00
		Vehicle ins		15c.	·	125.00
			rance. Specify:	15d.	\$	0.00
16.	Taxes. Specify		clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.		·	ease payments:		·	
	17a. (	Car payme	ents for Vehicle 1	17a.	\$	0.00
	17b. (	Car payme	ents for Vehicle 2	17b.	\$	0.00
	17c. (	Other. Spe	ecify:	17c.	\$	0.00
	17d. (	Other. Spe	ecify:	17d.	\$	0.00
18.			of alimony, maintenance, and support that you did not repo			0.00
4.0			your pay on line 5, Schedule I, Your Income (Official Form 10	<b>)6I).</b> 18.	·	
19.			s you make to support others who do not live with you.	40	\$	0.00
20	Specify	·	outer company and included in lines 4 on 5 of this forms on an	19.	- · · · · · · · · · · · · · · · · · · ·	
20.			erty expenses not included in lines 4 or 5 of this form or on as on other property	<b>Scriedule I: Y</b> 0 20a.		0.00
		Real estate		20a. 20b.		-
			nomeowner's, or renter's insurance	20b. 20c.		0.00
			ice, repair, and upkeep expenses	20c. 20d.	·	0.00
			er's association or condominium dues	20d. 20e.		0.00
04			er's association or condominium dues		·	0.00
21.	Otner:	Specify:		21.	+\$	0.00
22.			monthly expenses			
			through 21.		\$	3,166.75
	22b. C	opy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 106	J-2	\$	
	22c. Ad	dd line 22a	a and 22b. The result is your monthly expenses.		\$	3,166.75
23.	Calcul	ate vour r	monthly net income.			
			12 (your combined monthly income) from Schedule I.	23a.	\$	4,307.61
			monthly expenses from line 22c above.	23b.		3,166.75
			,			<u> </u>
			our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	1,140.86
24	Da		on in success of decrees in your company with in the control of	an wass file 41-1-	a farm?	
24.	For exa	mple, do yo	an increase or decrease in your expenses within the year aft ou expect to finish paying for your car loan within the year or do you expect terms of your mortgage?			ease or decrease because of a
	■ No.		·			
	☐ Yes		Explain here:			
	<u>ت</u> 168	·.	Explain note.			